



**DEPARTMENT OF LABOR**

**Office of Workers' Compensation Programs**

**Division of Longshore and Harbor Workers' Compensation**

**Proposed Extension of Existing Collection; Comment Request**

**AGENCY:** Office of Workers' Compensation Programs, Labor.

**ACTION:** Notice

**SUMMARY:** The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a preclearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the paperwork Reduction Act of 1995 (PRA95) [44 U.S.C. 3506 (c) (2) (A)] This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Office of Workers' Compensation (OWCP) is soliciting comments concerning the proposed collection: Application for Continuation of Death Benefit for Student (LS-266). A copy of the proposed information collection request can be obtained by contacting the office listed below in the address section of this Notice.

**DATES:** Written comments must be submitted to the office listed in the addresses section below on or before [INSERT 60-DAYS AFTER PUBLICATION IN THE FEDERAL REGISTER].

**ADDRESSES:** Ms. Yoon Ferguson, U.S. Department of Labor, 200 Constitution Ave., NW, Room S-3323, Washington, D.C. 20210, telephone/fax (202) 354-9647, Email [ferguson.yoon@dol.gov](mailto:ferguson.yoon@dol.gov). Please use only one method of transmission for comments (mail, fax, or Email).

#### **SUPPLEMENTARY INFORMATION**

**I. Background:** The Office of Workers' Compensation Programs, (OWCP) administers the Longshore and Harbor Workers' Compensation Act. This Act was amended on October 27, 1972, to provide for continuation of death benefits for a child or certain other surviving dependents after the age of 18 years (to age 23) if the dependent qualifies as a student as defined in section 2 (18) of the Act. The benefit would also be terminated if the dependent completes four years of education beyond high school. Form LS-266 is to be submitted by the parent or guardian for whom continuation of benefits is sought. The statements contained on the form must be verified by an official of the education institution. The information is used by the

DOL to determine whether a continuation of the benefits is justified. This information collection is currently approved for use through March 31, 2017.

**II. Review Focus:** The Department of Labor is particularly interested in comments which:

- \* evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

- \* evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

- \* enhance the quality, utility and clarity of the information to be collected; and

- \* minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

**III. Current Actions:** The Department of Labor seeks the extension of approval of this information collection in order to

ensure that employers are complying with the reporting requirements of the Act and to ensure that injured claimants receive all compensation benefits to which they are entitled.

**Agency:** Office of Workers' Compensation Programs

**Type of Review:** Extension

**Title:** Application for Continuation of Death Benefit for Student

**OMB Number:** 1240-0026

**Agency Number:** LS-266

**Affected Public:** Individuals or households; Business or other for-profit.

**Total Respondents:** 20

**Total Annual Responses:** 20

**Estimated Total Burden Hours:** 10

**Estimated Time Per Response:** 30 minutes

**Frequency:** On occasion

**Total Burden Cost (capital/startup):** \$0

**Total Burden Cost (operating/maintenance):** \$10

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they will also become a matter of public record.

DATED: November 17, 2016

Yoon Ferguson  
Agency Clearance Officer,  
Office of Workers' Compensation Programs  
US Department of Labor

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